

## Nursing Evaluation Tool:

General Sick Call

Facility: Alabama Department of Corrections

Patient Name:

Martin

MARION

Inmate Number:

225175

Date of Birth:

First

12 / 17 / 70

MM

DD

YY

Date of Report:

MM

DD

YY

Time Seen:

8:40

AM

PM

Circle One

Subjective: Chief Complaint(s):

90 Stiffness in lower back radiating

Onset: up to arms and fingers. Numbness in fingers at

Brief History:

(Continue on back if necessary)

time. Collapsed 10 mos ago because of Surgically Bad Rt

knee and has not been right since. Stiffness is increasing!

\* Officer Richards states "he can hardly move at times and we have to

help him. We thought he had a stroke." (It's been about a yr.)

Objective:

Vital Signs: (As Indicated) T: 98.4 P: 72 RR: 12 BP: 122 / 84

Examination Findings:

(Continue on back if necessary)

Fingers both hands stiff with exertion demonstration.

See Officer's Statement above. (No x-rays done per Inmate)

States Naprosyn not working. (Requests Muscle Rub + Flexeril)

\* Needs Profiter Renewed

Assessment: (Referral Status)

Preliminary Determination(s):

☐ Check here if additional notes on back☐ Referral NOT REQUIRED☒ Referral REQUIRED due to the following: (Check all that apply)☐ Recurrent Complaint (More than 2 visits for the same complaint)☒ Other:

MD/NP to Reassess

(Never saw Liasiter or Dr Pensak)

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Seen last 12/6/05  
Will schedule to MD

Plan: Check All That Apply:

☐ Instructions to return if condition worsens.☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)☐ Other:

(Describe)

OTC Medications given ☒ NO ☐ YES (If Yes List):Referral: ☐ NO ☒ YES (If Yes, Whom/Where):

MD/NP

Date for referral:

/

/

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

MM

DD

YY

Time

X

Nurses Signature: [Signature]

Name:

A. Blackman, L.N.

Printed

[Signature]  
30906



## Nursing Evaluation Tool:

Back Pain

Facility: BBB			
Patient Name: <u>MARTIN</u>		Allergy: <u>NKA</u>	
Inmate Number: <u>225140</u>	First <u>Martin</u>	Date of Birth: <u>12/17/170</u>	MI
Date of Report: <u>3/2/06</u>	Time Seen: <u>8:30</u>	AM <u>PM</u>	Circle One

Subjective: Chief Complaint(s): Back muscles tight affecting my walking

Onset: 10 months (seen in doctor's office)

☐ New onset ☐ Chronic condition exacerbation

Pain Scale: (1-10) 9 Type: ☐ Sharp ☐ Dull ☐ Intermittent ☒ Constant

Location of Pain: Back to arms Radiation of pain: ☐ No ☒ Yes to: fingers tips

History: Was instructed to take hot showers daily but stiffness remained. Back stiff muscles affect walking posture

Associated symptoms: Pain on urination? ☐ No ☐ Yes Nausea ☐ No ☐ Yes Vomiting ☐ No ☐ Yes (x)

Increased urination? ☐ No ☐ Yes Pain with cough/breathing? ☐ No ☐ Yes

Objective: Vital Signs: (If Indicated) T: 98° P: 56 RR: 20 BP: 124/80

Back Exam: ☒ Tender to touch ☐ Contusion ☐ Muscle spasms ☐ Impaired range of motion

Additional Findings: ☐ Numbness ☐ Tingling ☒ Abnormal gait ☐ Weakness of extremities ☐ Foot drop ☐ Other:

Elaborate positive findings: etc pain in back stiff muscles & tightness projecting down both arms to fingers. Has diff. holding a pencil.

Lower extremities: ☒ Normal ☐ Abnormal (Describe):

Pedal pulses: ☒ Present ☐ Absent

☐ Additional Examination:  
(Continue on back if necessary)

## Assessment: (Referral Status)

☐ Referral NOT Required

Preliminary Determination(s):

☒ Referral Required due to the following: (Check all that apply)

☐ Loss of sensation ☐ Presence of RBCs from dipstick ☒ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Prior malignancy ☐ Presence of WBCs from dipstick

☐ Other:

## Plan:

Check All That Apply: ☐ Work and recreation restrictions x 72 hours

☒ Education on avoiding back pain ☐ Education about stretching and back exercises. ☐ Instructions to return if condition worsens.

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other:

(Describe)

☐ Cold Compress (Acute injury) ☒ Warm Compress

☐ OTC Medications given ☒ NO ☐ YES (If Yes List):

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): HCU review

Date for referral: 3/2/06

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

MM DD YYYY

Time

x [Signature]

Nurses Signature

Name:

Printed

G. Lysfanger 3205



# **PRISON HEALTH SERVICES, INC. SICK CALL REQUEST**

Print Name: Marlon Martin Date of Request: 2-28-06  
 ID # 225145 Date of Birth: 12-17-70 Location: D-1-32-B  
 Nature of problem or request: My lower back is very stiff and  
also there is stiffness in my back arms. Also because  
of the stiffness, I'm having trouble walking.  
Please grant me some muscle relaxer for my trouble!  
Marlon Martin  
 Signature

**DO NOT WRITE BELOW THIS LINE**

Date:    /   /     
 Time:     AM PM  
 Allergies:    

<b>RECEIVED</b>	
Date: <u>3-1-06</u>	<u>  K  </u>
Time: <u>10:45p</u>	
Receiving Nurse Initials	

**(S)ubjective:**

**(O)bjective** (V/S): T:     P:     R:     BP:     WT:    

**(A)ssessment:**

**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE  
 Check One: ROUTINE ( ) EMERGENCY ( )  
 If Emergency was PHS supervisor notified: Yes ( ) No ( )  
 Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



## Nursing Evaluation Tool:

## General Sick Call

Facility: BBB	
Patient Name: <u>Martin Mador</u>	
Inmate Number: <u>225140</u>	Date of Birth: <u>12/17/05</u>
Date of Report: <u>11/17/05</u>	Time Seen: _____ AM / PM Circle One

**Subjective:** Chief Complaint(s): Foot pain

Onset: Chronic

Brief History:

(Continue on back if necessary)

I need to see the doctor, the bottom of my feet are hurting very badly.

☐ Check Here if additional notes on back

**Objective:** Vital Signs: (As Indicated) T: 97 P: 72 RR: 20 B/P: 132/68

Examination Findings:

(Continue on back if necessary)

Redness swelling noted to bottom of both feet. Skin intact. Discoloration noted. Ankle aches & limp.

☐ Check Here if additional notes on back

**Assessment: (Referral Status) Preliminary Determination(s):**

☐ Referral NOT REQUIRED

☒ Referral REQUIRED due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Other:

Slide profile until MD appt

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

**Plan:** Check All That Apply:

☒ Instructions to return if condition worsens.

☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other:

(Describe)

OTC Medications given ☒ NO ☐ YES (If Yes List):

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Ref for review

Date for referral: 11/17/05

Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

Time

x

Nurses Signature

Name:

Printed

T. Smith RN

11-18-05



# **PRISON HEALTH SERVICES, INC.** **SICK CALL REQUEST**

Print Name: MARLON MARTIN Date of Request: 11-14-05  
 ID # 225145 Date of Birth: 12-17-72 Location: D-1-32B  
 Nature of problem or request: MY FEET HURT IN THESE STATE BOOTS  
PLEASE PLEASE PLEASE! MAY I HAVE A SHOE PROFILE. MY  
FEET HURT WHEN I WALK AND WHEN I STAND UP FOR A LONG TIME!

Marlon Martin  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date:   /  /    
 Time:    AM PM  
 Allergies:   

RECEIVED	
Date:	<u>11/14/05</u>
Time:	<u>8:55</u>
Receiving Nurse Initials	<u>h2</u>

s/c

**(S)ubjective:**

**(O)bjective** (V/S): T:   P:   R:   BP:   WT:  

**(A)ssessment:**

**(P)lan:**

*See  
Evaluation  
Tool  
Sheet*

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

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**SPECIAL NEEDS COMMUNICATION FORM**Date: 9/13/25To: StolarFrom: HCUInmate Name: Marlon Martin ID#: 225146**The following action is recommended for medical reasons:**

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

**Comments:**

No standing/walking x 60 days  
> 10 mins

Date: \_\_\_\_\_ MD Signature: [Signature] Time: \_\_\_\_\_



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: MARLON MARTIN Date of Request: 8-5-05  
 ID # 225145 Date of Birth: 12-17-70 Location: D-1 328  
 Nature of problem or request: my Right KNEE AFTER SURGURY is  
GIVING ME LOTS OF PAIN AGAIN AND I WOULD LIKE TO  
PLEASE HAVE IT LOOKED AT.

Thanks!!!

Marlon Martin

Signature

DO NOT WRITE BELOW THIS LINE

Date: 8/8/05  
 Time: 457 AM PM  
 Allergies: NKA

<p>RECEIVED</p> <p>Date: <u>8/7/05</u></p> <p>Time: <u>730p</u></p> <p>Receiving Nurse Initials <u>DM</u></p>
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(S)ubjective: My Right knee after 1 yr. is still  
Very painful. I cannot stand longer  
than 10 minutes

(O)bjective (V/S): T: 98° P: 85 R: 20 BP: 110/70 WT:   
Amputates slow = Cutch. 40 Numbness on R side  
of knee tenderness on C side of knee. swelling  
Noted. Skin w. D to touch.

(A)ssessment:

Alteration in Mobility

(P)lan:

MD/HCP to evaluate

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes ☐ No ☐

Was MD/PA on call notified: Yes ☐ No ☐

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Marlon Martin Date of Request: 7-19-05  
ID # 225145 Date of Birth: 12-17-70 Location: D-1-32-b

Nature of problem or request: I had a operation on my Right Knee In

Setember, 2004. I having problem's geting reabilitation on my Right Knee  
I could use your help please. Can you write and Let me Know what I'am  
Supposed to do I Thouth I was geting a Specialist to help Recover  
I'am still have problems.

Marlon Martin  
Signature

DO NOT WRITE BELOW THIS LINE

Date: 7/20/05  
Time: 3:10 AM (PM)  
Allergies: NKA

RECEIVED
Date: <u>7-19-05</u>
Time: <u>2345</u>
Receiving Nurse Initials: <u>CR</u>

(S)ubjective: my (R) knee is still weak, I am still  
on crutches. I have numbness in (R) knee.

(O)bjective (V/S): T: 97<sup>2</sup> P: 72 R: 20 BP: 100/54 WT:   
(R) knee tender to touch. Ambulate = crutch.  
Redness on swelling noted.

(A)ssessment:

Alteration in Mobility

(P)lan:

MD/PA to evaluate

✓ fill call  
Watch Newsletter  
for MD Visit

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

[Signature]  
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON  
HEALTH  
SERVICES  
INCORPORATED

# EMERGENCY

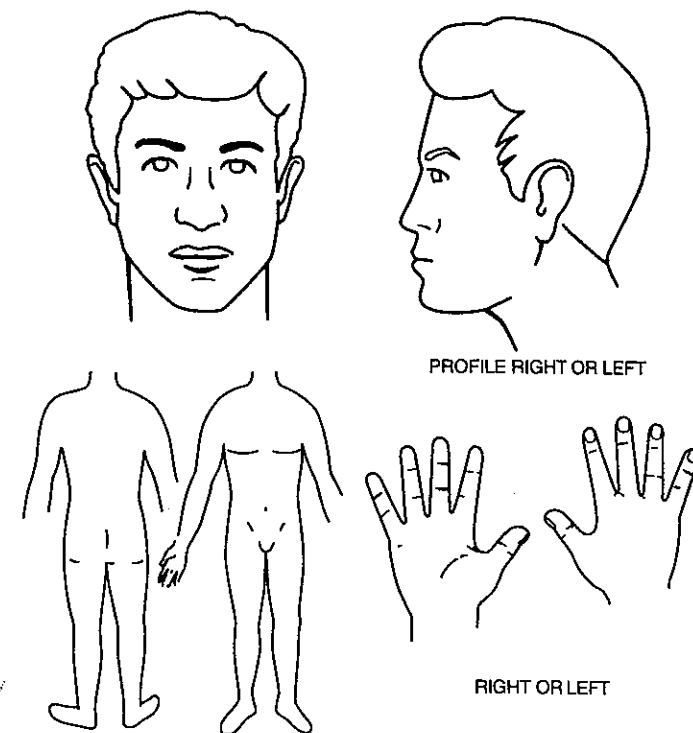
ADMISSION DATE <b>04/05/05</b>	TIME <b>1230</b> <small>AM PM</small>	ORIGINATING FACILITY <b>SJ/1074</b> <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>	<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT
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ALLERGIES <b>NKA</b>	CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA
-------------------------	--

VITAL SIGNS: TEMP <b>98</b> <small>ORAL RECTAL</small>	RESP. _____	PULSE <b>86</b>	B/P <b>120/70</b>	RECHECK IF SYSTOLIC <100> 50 _____
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NATURE OF INJURY OR ILLNESS	ABRASION ///	CONTUSION #	BURN <small>xx</small>	FRACTURE <small>xx</small>	LACERATION / SUTURES
-----------------------------	--------------	-------------	------------------------	----------------------------	----------------------

S. J. M. male's D. did not fall today. Body Chart per Reg. by Sgt. Rogers, States "I fell Sunday"



PHYSICAL EXAMINATION  
D. & bruised & laceration noted on body legs & hands. # 37971 given 98002 pat. A. Laceration in center

P. H. p. review

ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY

DIAGNOSIS
-----------

INSTRUCTIONS TO PATIENT <b>Sign up for sick call for problem</b>
---

DISCHARGE DATE <b>04/05/05</b>	TIME <b>1245</b> <small>AM PM</small>	RELEASE / TRANSFERRED TO <b>DOC</b> <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL
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NURSE'S SIGNATURE <b>[Signature]</b>	DATE <b>04/05/05</b>	PHYSICIAN'S SIGNATURE <b>[Signature]</b>	DATE <b>04-5-05</b>	CONSULTATION
---	-------------------------	---	------------------------	--------------

INMATE NAME (LAST, FIRST, MIDDLE) <b>Mary Marion</b>	DOC# <b>225145</b>	DOB <b>12/17/70</b>	R/S <b>B/M</b>	FAC. <b>Nelson</b>
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Print Name: MARLON MARTIN Date of Request: 4-3-05  
ID # 225145 Date of Birth: 12-17-70 Location: B3-19-B  
Nature of problem or request: I HAD SURGERY ON MY RIGHT KNEE I NEEDED  
MY SUPPORT BRACE. I JUST COLLAPSED RIGHT IN FRONT OF  
361 SOLDIER IN THE CHOW HALL LINE

Whale's Mouth

**DO NOT WRITE BELOW THIS LINE**

RECEIVED  
Date: 4/4/09  
Time: 5 pm  
Receiving Nurse Initials: bj

**(O)bjective** (V/S): T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ WT: \_\_\_\_\_

no show for sick call

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
CIRCLE ONE

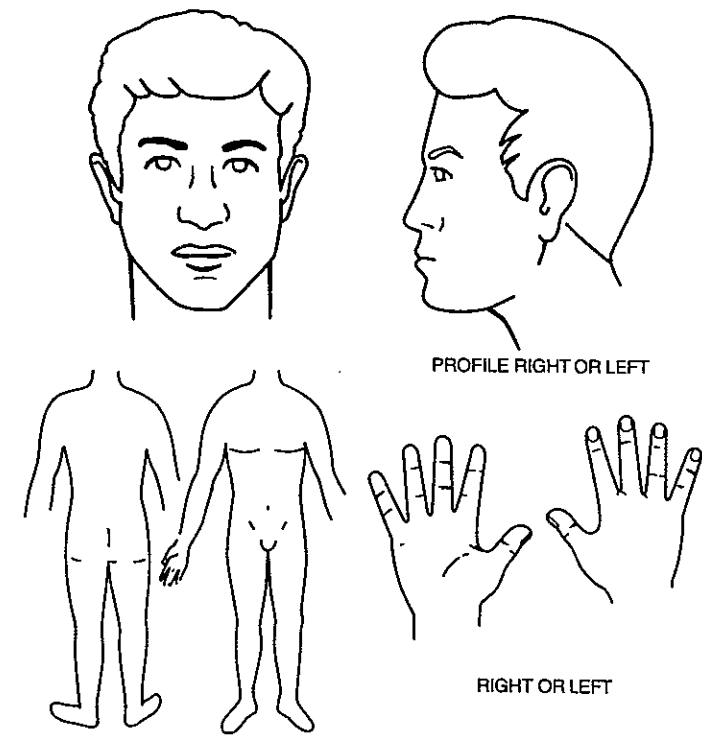
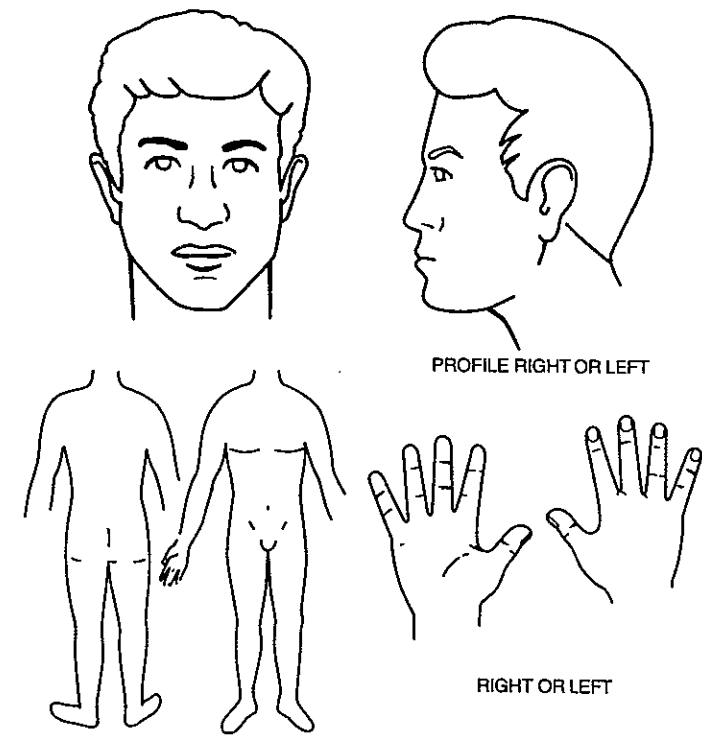
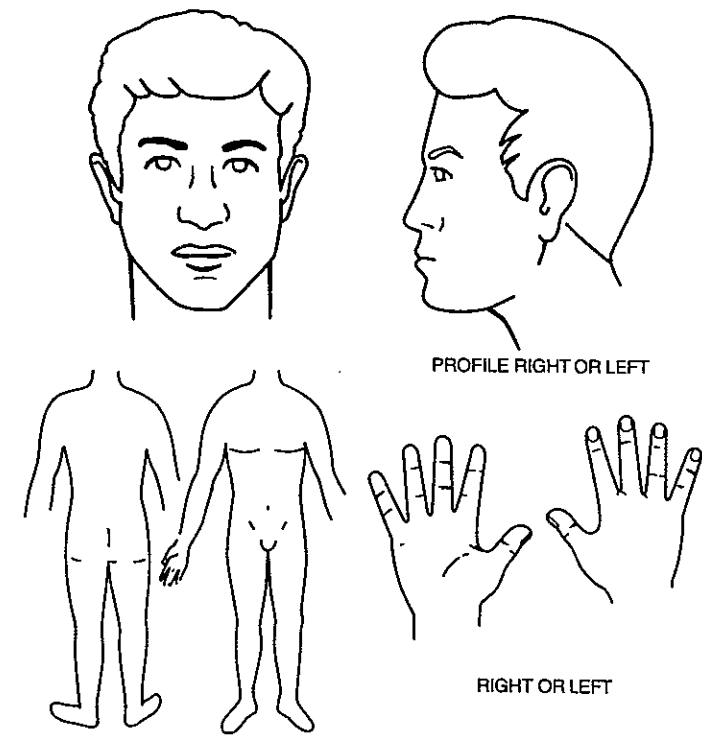
Was MD/PA on call notified: Yes ( ) No ( )

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



SCC

## EMERGENCY

ADMISSION DATE 2 / 21 / 05		TIME 8:28 AM	ORIGINATING FACILITY Station		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT																									
ALLERGIES N/A			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA																											
VITAL SIGNS: TEMP 98.3		ORAL RECTAL	RESP. 20	PULSE 72	B/P 110 / 72	RECHECK IF SYSTOLIC <100> 50																								
NATURE OF INJURY OR ILLNESS So Inmate I'm unable to walk I keep falling down with this bad knee O. It knee pain & crutches noted walking with gait — leg unsteady gait leg keep going out a - alteration in comfort			<table border="1"><tr><td>ABRASION ///</td><td>CONTUSION #</td><td>BURN xx xx</td><td>FRACTURE Z Z</td><td>LACERATION / SUTURES</td></tr><tr><td colspan="5"></td></tr></table>				ABRASION ///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION / SUTURES																			
ABRASION ///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION / SUTURES																										
																														
PHYSICAL EXAMINATION p. Hcp Review crutches crutch profile x 10 days			<table border="1"><tr><td>ORDERS / MEDICATIONS / IV FLUIDS</td><td>TIME</td><td>BY</td></tr><tr><td>Tylenol #325 mg x 10 days</td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>				ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY	Tylenol #325 mg x 10 days																				
ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY																												
Tylenol #325 mg x 10 days																														
DIAGNOSIS																														
INSTRUCTIONS TO PATIENT																														
DISCHARGE DATE 2 / 21 /		TIME 8:28 AM	RELEASE / TRANSFERRED TO vineyard		<input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>																									
NURSE'S SIGNATURE [Signature]		DATE 2/21/05	PHYSICIAN'S SIGNATURE		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> CRITICAL																									
INMATE NAME (LAST, FIRST, MIDDLE) Martin, mailon			DOC# 225145	DOB 12-17-70	R/S	FAC. Station																								



## EMERGENCY

ADMISSION DATE <b>3/14/05</b>		TIME <b>12:45 AM</b>	ORIGINATING FACILITY <b>STAYTON</b>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES <b>NICK</b>			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP <b>97.3</b>		ORAL RECTAL	RESP. <b>18</b>	PULSE <b>62</b>	B/P <b>114/84</b>	RECHECK IF SYSTOLIC <100> 50 <b>1</b>
NATURE OF INJURY OR ILLNESS <b>S- Had Knee surgery done in September          Close to 3 weeks ago &amp; fell in the          shower where I hit my head          and @ knee on the wall.          Since then it's been very          painful and with every step          feels as if it's ready to pop          out of place.</b>			ABRASION ///    CONTUSION #    BURN xx xx    FRACTURE Z Z    LACERATION / SUTURES			
C- AROx3. Skin w/d. Resp clear. c/o pain in @ knee. Noted scars of previous surgery.						
PHYSICAL EXAMINATION @ bruises or redness noted. Some swelling noted. Inmate states "it feels like a ligament is torn." BOTH knees @ same temp. Pedal pulses present.						
A- Alt in Comfort			ORDERS / MEDICATIONS / IV FLUIDS    TIME    BY <b>① X-RAY @ Ant. @ KNEE</b> <b>MD</b>			
P- HCU REVIEW Motrin 600mg PO now for pain						
DIAGNOSIS						
INSTRUCTIONS TO PATIENT						
DISCHARGE DATE <b>3/14/05</b>		TIME AM PM	RELEASE / TRANSFERRED TO		<input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>	
NURSE'S SIGNATURE <b>[Signature]</b>		DATE <b>3/14/05</b>	PHYSICIAN'S SIGNATURE <b>[Signature]</b>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
INMATE NAME (LAST, FIRST, MIDDLE) <b>MARTIN, MARLOW</b>			DOC# <b>225143</b>	DOB <b>12/17/70</b>	R/S <b>B/m</b>	FAC. <b>STAYTON</b>



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: MARLON MARTIN Date of Request: 3-6-05  
 ID # 225145 Date of Birth: 12-17-70 Location: B3-19-B  
 Nature of problem or request: I AM REQUESTING TO PLEASE HAVE MY KNEE CHECK AGAIN. I HAD SURGERY ON MY RIGHT KNEE AND I HAVE BEEN COMPLAINING ABOUT ME FALLING TO MUCH. I LIE IN THE BATHROOM AND IT FEELS LIKE I'VE TORN MY LIGAMENT AGAIN  
Marlon Martin  
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 3/6/05  
 Time: 7:30 PM AM PM  
 Allergies: NKA

RECEIVED
Date: <u>3/6/05</u>
Time: <u>7:30 PM</u>
Receiving Nurse Initials: <u>SM</u>

(S)ubjective: I had surgery on my knee in Sept + I told the M.D. I slipped & fell about 2 weeks ago + I can't stand any longer than 10 minutes @ a time. I just want my R knee fixed & I have torn a ligament.

(O)bjective (V/S): T: 97.7 P: 56 R: 18 BP: 110/70 WT: 170

Old healed surgical scars midline R knee  
cloth knee brace noted to both knees  
Edema lateral R knee - noted walking guard eating  
 (A)ssessment: Alteration in Comfort

(P)lan: MD, PA, CRNP to review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

[Signature]  
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON  
HEALTH  
SERVICES  
INCORPORATED

# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: MARLON MARTIN Date of Request: 2-10-05

ID # 225145 Date of Birth: 12-17-70 Location: B3-19-B

Nature of problem or request: I WENT FOR MY PHYSICAL ON 2-9-05

AND I SAW DR WILLIAMS AND TOLD HIM I WAS COLLAPSING WAY

TO MUCH HE SAID I NEEDED A SUPPORT BRACE AND I AM

REQUESTING ONE PLEASE IT WILL HELP IN REHAB PROCESS.

Thank you

Marlon Martin

Signature

DO NOT WRITE BELOW THIS LINE

Date: 2/11/05

Time: 7:20 AM (PM)

Allergies: NKA

RECEIVED

Date:

Time:

Receiving Nurse Initials \_\_\_\_\_

(S)ubjective: my R Knee gives way with out warning  
I had knee surgery in September - I have a  
elastic brace but its not strong enough - also  
I have some kind of rash on my back and chest

(O)bjective (V/S): T: 98.2 P: 78 R: 18 BP: 100/60 WT: 174

Well healed surgical scar to R anterior knee (See notes)  
wearing elastic support - ambulates with difficulty @ this time  
many areas of hyperpigmented skin that is slightly

(A)ssessment: rough iff to touch covering 75% of

Attention in time integrity back and chest - denies itching

(P)lan: M.D./PA/CRNP Review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE (✓) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

Robert G. [Signature] 2/15/05  
SIGNATURE AND TITLE See Orders

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: Marlon Martin Date of Request: 04 Jan 05  
 ID # #225145 Date of Birth: 12 Dec 70 Location: B-3-19B  
 Nature of problem or request: Blurred vision in left eye and I would like to request treatment ASAP.

Marlon Martin  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 1/5/05  
 Time: 7:55 AM/PM  
 Allergies: NRDA

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>
---

(S)ubjective: blurred vision in (L) eye x 1 1/2 wks

NRDA  
 (O)bjective (V/S): T: 97.8 P: 72 R: 18 BP: 122/80 WT: 166  
OD 20/15 - able to read largest of the letters on chart  
OU 20/15 - (L) eye unremarkable on visual exam  
 (A)ssessment: Attenuation in visual acuity

(P)lan: MD/PA/NP review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE (✓) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( ) See Orders

Asuckh...  
SIGNATURE AND TITLE 1/6/05

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

SCC

Print Name: Marlon Martin Date of Request: 12-19-04  
 ID # 225145 Date of Birth: 12-17-70 Location: B3-19-B  
 Nature of problem or request: I RECENTLY HAD KNEE SURGERY ON MY RIGHT KNEE  
AND THE SWELLING IS GOING DOWN. I NEED THERAPY AND KNEE BRACE  
ALSO MY KNEE WOBBLE ALOT NEED HELP

Marlon Martin  
Signature

DO NOT WRITE BELOW THIS LINE

Date: 12/19/04  
 Time: 1:50 AM ☒ PM  
 Allergies: WCPA

RECEIVED	
Date:	<u>12-19-04</u>
Time:	<u>1:50</u>
Receiving Nurse Initials	<u>AL</u>

(S)ubjective: "After the surgery my Right knee it is ~~unstable~~ unstable. I need therapy. My muscles are tight in my back from walking."  
 as stat 97%  
 (O)bjective (V/S): T: 97° P: 66 R: 18 BP: 124/70 WT: 170  
 (B) knee suture line DS of infection or irritation note swelling noted to inside of (B) knee - All from noted.  
 (A)ssessment: problem ambulating.

Alteration in comfort

(P)lan:

MD to Review.

Refer to MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

Chenberger  
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

outgoing need  
of a chart  
12-20-04  
Shankar



# DEPARTMENT OF CORRECTIONS TRANSFER & RECEIVING SCREENING FORM

RECEIVED: Inmate/Health Record

Institution: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

RECEIVED FROM:

Institution/Work Release Center/Free-World Hospital

RECEIVING MEDICAL STATUS

☐ Population☐ Infirmary☐ Isolation

RELEASED: Inmate/Health Record

Institution: KCFDate: 9/20/14 Time: 12:40 AM/PM

RELEASE FROM:

☒ Infirmary☐ Segregation☐ Population☐ Mental Health☐ Other \_\_\_\_\_

RELEASE TO:

☐ DOC☒ Infirmary☐ Mental Health☐ Draper

Institution/Work Release Center/Free-World Hospital

ALLERGIES:

NKA

PHYSICAL EXAMINATION

HX. P.S.T. 3/4/104  
Date of last exam: 12-11-02

Chest X-Ray Date: \_\_\_\_\_ Result: \_\_\_\_\_

PPD Reading 10 mm

Classification: \_\_\_\_\_

Limitations: \_\_\_\_\_

LAB RESULTS -- LAST REPORT

CBC

Date 12/14/02

Normal

Abnormal

Urinalysis

☒☐☐☐☐☐

Wears Glasses/Contacts

YES

NO

☐

Dental Prosthesis

☐

Hearing Aide

☐

Other Prosthesis

☐

Receiving Nurse

CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

OP Rt. ACL Repair leg.(Knee immobilizer)

CURRENT MEDICATION -- DOSAGE AND FREQUENCY

9-12-4Uicodin 5/sung 11 pr. 840  
prn x2 d.Motrin 600mg p.o. TID prn Xood

MEDICATIONS

☐ Sent w / inmate☒ Not sent w / inmate

X-RAY FILM

☐ Sent w / inmate☒ Not sent w / inmate

HEALTH RECORD

☒ Sent w / inmate☐ Not sent w / inmate

Released to:

DOCDate: 9/20/14 Time: 12:40 AM/PM

MEDICATIONS

☐ Received☐ Not Received

X-RAY FILM

☐ Received☐ Not Received

HEALTH RECORD

☐ Received☐ Not Received

CHART REVIEWED

☐ YES☐ NO

Received by:

Signature of Receiving Nurse

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

SCHEDULE FOR CHRONIC CARE CLINIC

DATE: \_\_\_\_\_ LAST CLINIC: \_\_\_\_\_

FOLLOW-UP CARE NEEDED

Date

Time

With Whom -- Location (Sending Nurse)

Date/Appt. Made w/Whom (Rec. Nurse)

☐ Medical☐ Dental☐ Mental HealthNURSING ASSESSMENT (SENDING NURSE)  
(Noted from health record documentation)

	Yes	No
HISTORY		
Drug Use		<input checked="" type="checkbox"/>
Mental Illness		<input checked="" type="checkbox"/>
Suicide Attempt		<input checked="" type="checkbox"/>
Chronic Care		<input checked="" type="checkbox"/>

STATUS	
Special Diet	<input checked="" type="checkbox"/>
Appearance	<u>OK</u>

OTHER PERTINENT NURSING ASSESSMENT

NURSING ASSESSMENT (RECEIVING NURSE)  
(Noted from inmate assessment)

	Yes	No
SKIN		
Open Sores		
Lice		
Edema		
Warm & Dry		
Cool & Moist		

CONDITION	
Alert	
Oriented	
Uncooperative	
Depressed	

INTAKE

Sick Call Procedures Explained \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Blood Pressure \_\_\_\_\_

Temperature \_\_\_\_\_

Pulse Resp. \_\_\_\_\_

Other \_\_\_\_\_

Signature of Nurse Completing Assessment (Sending Nurse)

Date

Signature of Intake Screening Nurse (Receiving Nurse)

Date

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

Race/Sex

FAC.

Martin, Marlon82514512/17/70B/MKCF



## INFIRMARY NURSING PROGRESS NOTES

Date/Time	
01-03-05	Return from FWA - VS T, 97.3 - P 49 - RR 16 - B/P 123/76 - O <sub>2</sub> Sat 98% Seen by McArthur, PA returned to facility, SCC - McArthur, RN
3/15/05	PT F/U KNEE PAIN FURT POP w/ FALL - SERIOUS PAIN can bend leg - c/o knee instability. RECENT ACL TEAR = REPAIR. X-RAY DONE today. exam: (R) knee swollen & redness tender @ medial and ant. knee ROM & 2° PAIN. K: knee PAIN - Re injury x-ray (P) GIVE PORDOL X1 today coming in Anticip F/U = Dr cheng when x-ray Return. will hold pt in more hydrocort + cream KOP for Dermatitis
4/4/05 7 <sup>pm</sup>	no show for sick call
4/27/05 4 <sup>48</sup>	Returned from FWA to HCE - Acute distress noted VS 97.9 - 80 - 28 - 118/76 - O <sub>2</sub> Sat 97% - - order MRT & F/U Dr Cheng SIP ACL REPAIR, instability & Ant Crutch Bottle & shoe.

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Martin, Marlon	225145		M	SCC



PRISON  
HEALTH  
SERVICES  
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### PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
	Martin, Marlon	/ /
10/18/04	20 see HCP: f/u from freeworld appt B/P 120/78 P-18 R-20 T 984 O2 Sat 98% * Sched Flu Appt w/ Dr Chung - ACL TEAR Brace. - ordered S. Hydrocort ointment Atopic Dermatitis. KNEE incisions healing well, (+) SWELLING vertical scar - minor keloids. 3/P del Report Flu Dr. Chung in Friday Refil hydrocort for contact Dermatitis J. J. J.	
1/4/05	4/P ACL repair Dr. Chung B/U today Doing Well. Return to Dr. Chung APR See Orders J. J. J.	
1/11/05 945	20 AOP re. Visual Disturbance w/ 166 T-97 P-65 R-18 O2 sat 97% 112/72 J. J. J. Attempting to perform eye surgery states he can't see out of eye um Submitted J. J. J.	



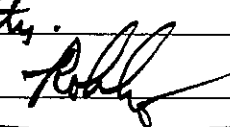
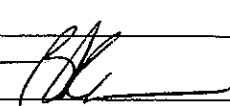
## INFIRMARY NURSING PROGRESS NOTES

[illegible]

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Martin Marlon	225148-			DCC



## PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
9/20/04 0724	Martin, Marlon	/ /
	3/40 BM S/P (R) ACL repair, uncomplicated.	
	PMHx (-).	
	VSS. Afebrile. No C/o. Alert, oriented.	
	Lungs clear.	
	Heart RRRs (w).	
	Abdomen (-).	
	Surgical dressing (R) knee.	
	A/P ) S/P (R) ACL repair.	
	Surgery 7/11 wounds.	
	OK to return to prison facility.	
cut 158,	97 <sup>7</sup> , 88, 99 SAT, 20, 110/70	 





# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Mendon Mendon Date of Request: 5-9-04  
 ID # 225145 Date of Birth: 12-17-70 Location: 6 cell Bldg 168  
 Nature of problem or request: on April 19 2004 I put in a request to  
SEE The Doctor about my arthritic knee, its my right knee  
Pain is bothering me even with a knee brace  
Mendon Mendon  
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/10/04  
 Time: 6:50 AM PM  
 Allergies: NKDA  
wt 168

RECEIVED
Date: <u>5-9-04</u>
Time: <u>2030</u>
Receiving Nurse Initials <u>San</u>

See  
Call

(S)ubjective: I been having pain et weakness in my Rt Knee  
The Knee brace is not helping.

(O)bjective (V/S): T: 97.9 P: 78 R: 20 BP: 112/72 WT: 168  
ATO x3 Skin up to touch. Resp reg. Anku in 5 diff. C/o weakness  
to Rt Knee. Pedema noted.

(A)ssessment: Alt comfort

(P)lan: MD/PA to review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

O. Hays  
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Marlon Martin Date of Request: 4-19-07  
 ID # 226445 Date of Birth: 12-17-70 Location: 6 CELL Bldg 100  
 Nature of problem or request: My right knee is bothering me again and is getting worse. You gave me a knee brace I wear it daily but my knee is unstable more than ever I cannot stand still for than 10 minutes before I start wobbling and become weak. If I start walking after sitting up I feel dragging my leg  
Marlon Martin  
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 4/20/07  
 Time: 6:00 AM PM  
 Allergies: NKDA

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>
---

(S)ubjective: Request see MD @ knee injured from 2004 + numbness from @ ARM. Trouble Ambulating  
 Need new wheel chair

(O)bjective (V/S): T: 97.2 P: 84 R: 20 BP: 120/70 WT: 176  
 A & x 3. Respiration clear & unlabored. @ knee no S/S of swelling noted. Ambulate with difficulty

(A)ssessment:

Attention to comfort

(P)lan: MD Review

Tylenol 325mg  $\frac{1}{4}$  PO BID x 3 days

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
 CIRCLE ONE

Check One: ROUTINE ☒ EMERGENCY ☐

If Emergency was PHS supervisor notified: Yes ☐ No ☐

Was MD/PA on call notified: Yes ☐ No ☐

M. M. Coker | MD/PA  
 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Draper

Print Name: Marlon Martin Date of Request: 2-15-03  
ID # 225145 Date of Birth: 12-17-70 Location: 6 CELL 167  
Nature of problem or request: My Right KNEE IS LOOSE VERY LOOSE  
WHEN I WALK MY KNEE IS SHOOTING BACKWARD AND IT IS GRINDING  
ON THE INSIDE. THERE IS A LOT OF PAIN I CAN'T STAND UP  
FOR MORE THAN 10 MINUTES. THE ACE BANDAGE IS NOT WORKING  
ANYMORE (PLEASE HELP)  
Marlon Martin  
Signature

DO NOT WRITE BELOW THIS LINE

Date: 2/17/04  
Time: 6:05 AM PM  
Allergies: N/A

wt 166  
977 80-26

RECEIVED
Date: <u>2/15/04</u>
Time: <u>8:20 PM</u>
Receiving Nurse Initials <u>RH</u>

Refer to  
S.C.

(S)ubjective:

My Right Knee is popping & grinding. I can't hardly  
walk on it. I had a basketball injury in 2000 10k's of pain  
24/7 never been good.  
(O)bjective (V/S): T: 97 P: 80 R: 26 BP: 110/80 WT: 166  
Range of motion painful, difficult. Standing hurts  
& it gets tight. Gait is steady.

(A)ssessment:

Alteration in mobility

(P)lan:

MD to review

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

Marlon Martin Draper  
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

2/17/04

## ALABAMA DEPARTMENT OF CORRECTIONS

## PROBLEM LIST

INMATE NAME Martin Marlon AIS# 225145

Medication Allergies: \_\_\_\_\_

Medical: Chronic (Long-Term) Problems  
Roman Numerals for Medical/SurgicalMental Health Code: SMI HARM HIST NONE  
Capital Letter for Psychiatric Behavior

Date Identified	Chronic Medical Problem	Mental Health Code	Date Resolved	Provider Initials
	11/23/2005 Hep B Vaccine #1 Lot # AHBVBO04BA EXP: 1/20/06			

\*\*If Asthmatic label: Mild – Moderate – or Severe.





PRISON  
HEALTH  
SERVICES  
INCORPORATED

## YEARLY HEALTH EVALUATION

### I. HISTORY – (LPN or RN)

Weight Change (greater 15 lbs.)

(Compare Weight Below)

Persistent Cough

Chest Pain

Blood in Urine or Stool

Difficult Urination

Other Illnesses (Details)

Smoke, Dip or Chew

ALLERGIES

YES

NO

COMMENT(S)

☒

↓ 151 lb  
175 lbs 6 mos ago

Last weight at least 6 months ago

☒

☒

☒

☒

☒

N/A

Weight 160 Temp 98° Pulse 60 Resp 20 Blood Pressure 110/70  
If greater than > 140/90, repeat in 1 hour.  
Eye Exam: 20/25 OD 20/50 OS 20/25 OU 5 glaser Refer to M.D. if remains > 140/90.

### II. TESTING – (LPN or RN)

### RESULTS

Tuberculin Skin Test (q yr)

Date given 2/9/05 Site ② RA

Read on 2/11/05 Results — mm

Past Positive TB Skin Test →  
(Chest x-ray if clinical symptoms)

Survey Completed —

RPR (q 3 yrs)

Date — Results —

EKG (baseline at 35, over 45 q 3 yrs)

Date 2/9/05 Results —

Cholesterol (at 35 then q 5 yrs)

Tetanus/Diphtheria (q 10 yrs)  
(if done today)

Last Given 6/02 Due 6/12

Site given — Dose — Lot # —

Optometry Exam (@ 50 if not already seen)

Mammogram

Date — Results —

(females @ 40, q 2 yrs/other M.D. order)

### III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)

Heart

Lungs

Breast Exam

Rectal (yearly after 45)  
with Hemocult

Pelvic and PAP (q 1 yr)

NSR S.S.  
CLM (B)

Results —

Results —

Date — Results —

Facility Staton Nurse Signature E. Ellis, RN Date 2/9/05

M.D. or Mid-Level Signature gl. ghly Date 2/9/05

INMATE NAME

AIS#

D.O.B.

RACE/SEX

MARTIN, Marlon

225145

12-17-70

B/m



## DEPARTMENT OF CORRECTIONS

## NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Marlon Martin FATHER  
Name Relationship  
317 Bayonet St ?  
Street Address Phone Number  
New London CT 86340  
City State Zip Code  
Marlon Martin 225145 041-79-3610 2-9-05  
Inmate Signature Doc# S.S.# Date  
E. Ellis, W 2/9/05  
Witness Date

INMATE NAME (LAST, FIRST, MIDDLE)

Martin, Marlon

DOC#

225145

DOB

12-17-70

RACE/SEX

B/m

FAC.

Statent



## DEPARTMENT OF CORRECTIONS

KITCHEN CLEARANCE  
PHYSICAL ASSESMENT

	YES	NO
ANY OPEN SORES OR RASHES ON HANDS, ARMS, FACE & NECK	_____	_____/_____ ✓
TB TEST CURRENT	_____/_____ ✓	_____
DOES PT. SHOW ANY OBVIOUS SIGNS OF ANY OTHER DISEASE	_____	_____/_____ ✓

OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS PATIENT HAS BEEN INFORMED OF THE NEED FOR THE FOLLOWING:

PROPER HANDWASHING, NOT TO HANDLE FOOD WHILE SICK, SEEK MEDICAL  
EVALUATION WHEN NECESSARY AND TO NOTIFY THE DIETARY SERVICES SHIFT  
SUPERVISOR OF ANY ILLNESS.

MEDICAL AUTHORITY: E. Ellis, RN DATE: 2/2/05

I attest that the above statement is true to the best of my knowledge.

PATIENT SIGNATURE: [Signature] DATE: 2-9-05

EXPIRATION DATE: 2/2/06

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC.
Martini, Marlon	225145	12-17-70	B/m	State



## DEPARTMENT OF CORRECTIONS

KITCHEN CLEARANCE  
PHYSICAL ASSESMENT

ANY OPEN SORES OR RASHES ON  
HANDS, ARMS, FACE & NECK

YES NO

\_\_\_\_\_ ✓

TB TEST CURRENT

✓ \_\_\_\_\_

DOES PT. SHOW ANY OBVIOUS  
SIGNS OF ANY OTHER DISEASE

\_\_\_\_\_ ✓

OTHER: \_\_\_\_\_

THIS PATIENT HAS BEEN INFORMED OF THE NEED FOR THE FOLLOWING:

~~PROPER HANDWASHING, NOT TO HANDLE FOOD WHILE SICK, SEEK MEDICAL  
EVALUATION WHEN NECESSARY AND TO NOTIFY THE DIETARY SERVICES SHIFT  
SUPERVISOR OF ANY ILLNESS.~~

MEDICAL AUTHORITY: James LphDATE: 2/20/04

I attest that the above statement is true to the best of my knowledge.

PATIENT SIGNATURE: Moh. H.DATE: 2-20-04

EXPIRATION DATE: \_\_\_\_\_

INMATE NAME (LAST, FIRST, MIDDLE)

Martin Marlon

DOC#

225145

DOB

12/17/70

Race/Sex

B/m

FAC.

Drapen

PHS-MD-70042

(White - Medical File, Yellow - Kitchen Supervisor, Pink - Classification Administrator (remote))



PRISON  
HEALTH  
SERVICES  
INCORPORATED

DEPARTMENT OF CORRECTIONS  
NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Name Rudolph A Craig Relationship FATHER  
Street Address 317 DANIELS Phone Number 7  
City NEW London State CT Zip Code 06410  
Inmate Signature [Signature] Doc# \_\_\_\_\_ S.S.# \_\_\_\_\_ Date \_\_\_\_\_  
Witness SDamus Lpn Date 2/20/04

INMATE NAME (LAST, FIRST, MIDDLE)

<u>Martin Macdon</u>	DOC# <u>225745</u>	DOB <u>12/17/70</u>	RACE/SEX <u>B/m</u>	FAC. <u>Draper</u>
----------------------	-----------------------	------------------------	------------------------	-----------------------

PHS-MD-70003

(White - Medical Record, Yellow - Active File, Pink - Control Center)

Inmate Name: MarlonID #: 225146Race: BlkD.O.B.: 12-17-78

## INMATE QUESTIONNAIRE

(circle one)

## CURRENT MEDICAL CONDITIONS (✓ terms that apply)

1. Do you have a medical problem such as bleeding or injuries that requires immediate medical attention?

Yes

No

2. Have you fainted or had a head injury in the past 6 months?

Yes

No

3. Have you been seen by a doctor in the past 6 months?

Yes

No

4. Do you wear glasses or contact lenses?

Yes

No

5. Do you have prosthesis, splint, crutches, cast or brace that you will need while here?

Yes

No

6. Do you drink wine, beer or whiskey?

Yes

No

How often \_\_\_\_\_

How much \_\_\_\_\_

Last time \_\_\_\_\_

7. Have you had seizures or blackouts when you stop drinking?

Yes

No

8. Do you use drugs? Type \_\_\_\_\_

Yes

No

How often \_\_\_\_\_

Last time \_\_\_\_\_

9. Have you had withdrawal problems when you stop taking drugs?

Yes

No

10. Are you currently detoxing? If yes, from what substance?

Yes

No

11. Do you have any medical problems we should know about?

YesNo

12. Have you been in this facility before?

Yes

No

13. Are you covered by medical insurance or a benefits program?

Yes

No

## MEDICAL HISTORY (✓ terms that apply)

Arthritis

Diabetes

Seizure Disorder

Asthma

Special Diet

Heart Condition

Hypertension

Stomach Ulcer

Cancer

Sickle Cell Anemia

Emphysema

Frequent Diarrhea

Genital Sores

V.D.

Hepatitis

HIV+

Tuberculosis

Persistent Sore Throat

Dental Problems

Surgeries

Chest Pain

Jaundice

## TB HISTORY

Ever treated with TB drugs?

YesNo

Previous PPD test?

YesNo

Previous Positive Reaction?

YesNo

If positive result:

When \_\_\_\_\_

Where \_\_\_\_\_

Chronic Cough/Blood \_\_\_\_\_

Fever \_\_\_\_\_

Recent Weight Loss \_\_\_\_\_

Night Sweats \_\_\_\_\_

Recent Appetite Loss \_\_\_\_\_

Fatigue \_\_\_\_\_

## MEDICATIONS

Current Medications:

## MENTAL HEALTH

14. Have you ever been hospitalized or treated for psychiatric problem?

Yes

No

15. Have you ever considered or attempted suicide?

Yes

No

16. Are you feeling depressed or extremely sad?

Yes

No

17. Do you want to hurt yourself or someone else?

Yes

No

18. Are you hearing voices? If yes, what are they saying?

Yes

No

## FEMALE INMATES ONLY

19. Are you pregnant? MP

Yes

No

20. Do you use birth control? Type \_\_\_\_\_

Yes

No

21. Have you recently had a baby, miscarriage or abortion?

Yes

No

Comments: (Explain "Yes" Responses)

13 years using

## VITAL SIGNS

HT 6'1"WT 163BP 116/70Pulse 59Resp 18Temp 97.5

## DISPOSITION

Referrals \_\_\_\_\_ None

\_\_\_\_\_ Emergency Room (Pre-booking injury)

\_\_\_\_\_ Emergency Room (Acute condition)

\_\_\_\_\_ Physician

\_\_\_\_\_ Sick Call

Placement

\_\_\_\_\_ Infirmary

\_\_\_\_\_ Detoxification Setting

\_\_\_\_\_ General Population

\_\_\_\_\_ Other

## ALLERGIES

Medication Allergies:

Yes

No

Type: \_\_\_\_\_

Other Allergies:

Yes

No

Type: \_\_\_\_\_

I acknowledge that I have answered all questions truthfully and have been told the way to obtain health services and consent to routine care provided by facility healthcare professionals. I understand that any medications not picked up within 30 days of release will be destroyed.

Inmate Signature: MarlonSCREENED BY: R.T.DATE: 12/11/02TIME: 10:04

REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

## PHYSICAL ASSESSMENT

INMATE NAME:		Institution	
TYPE OF ASSESSMENT: INITIAL _____ OTHER _____		VITAL SIGNS HT _____ WT _____ BP _____ PULSE _____ RESP _____ TEMP _____	
FAMILY HISTORY: (F/FATHER, M/MOTHER, B/BROTHER, S/SISTER) TB _____ HEPATITIS _____ HIV+ _____ HYPERTENSION _____ CANCER _____ ASTHMA _____ EPILEPSY _____ ANEMIA _____ KIDNEY DISEASE _____ SICKLE CELL _____ SEIZURES _____ MENTAL ILLNESS _____ DIABETES _____ HEART DISEASE _____ OTHER _____		VISION (SEE CHART) Rt: <u>20/10</u> with glasses _____ Lt: <u>20/10</u> with glasses _____	
PHYSICAL ASSESSMENT			
Normal/Not Present Please		Abnormal/Comment	REMARKS ONLY
SKIN: Color Condition Turgor Recent Injury Tatoos Scars	<u>clear</u> <u>normal</u> <u>normal</u> <u>none</u> <u>none</u> <u>none</u>	<u>@ arm</u> <u>2 leg</u>	PELVIC EXAM: Pap Smear Gonorrhea Culture (Admission PE only)
HEAD: Hair Scalp (pediculi)	<u>normal</u> <u>OK</u>		IMMUNIZATION STATUS Date last Tetanus: <u>6/02</u> Other _____
EARS: Appearance Canals	<u>clear</u> <u>Wof</u>		TB SCREENING Current PPD: _____ Date Given: <u>12/11/02</u> Results and Date: <u>12/13/02</u> <u>0 mm</u> PLEASE CIRCLE Follow-up scheduled: Not indicated Yes
MOUTH: Throat Tongue Tonsils	<u>normal</u> <u>normal</u> <u>OK</u>		ORAL SCREENING Pain/Discomfort: _____ Condition of teeth: poor fair good Condition of gums: poor healthy False teeth: partial plate upper lower Oral Hygiene instructions given: _____
NOSE: Obstruction Drainage	<u>none</u> <u>none</u>		REMARKS <u>H/O</u> <u>N/A</u>
NECK: Veins Mobility Thyroid Carotids Lymph nodes	<u>normal</u> <u>normal</u> <u>normal</u> <u>normal</u> <u>normal</u>		<u>cb blouses vision x 5 mtr</u>
CHEST (BREASTS): Configuration Auscultation Respirations Cough/Sputum	<u>normal</u> <u>clear</u> <u>normal</u> <u>normal</u>		
HEART: Auscultation Radial pulse Apical pulse Rythm	<u>normal</u> <u>74</u> <u>normal</u> <u>reg</u>		
ABDOMEN: Shape Bowel Sounds Palpation Hernia	<u>normal</u> <u>present</u> <u>soft</u>		
SPINE			REFERRAL: <u>SC</u>
NEUROLOGICAL: Reflexes			
GENITAL/URINARY: Lesions Discharge			
RECTAL EXAM: (For 40 yrs. old and older) Hemorrhoids Anal Warts Stool for Occult Blood + -			Assessed by: <u>R.T</u> Date: <u>12/11/02</u> Time: _____ Physician Review: <u>P. J. [signature]</u> Date: <u>12/17/02</u> Time: <u>0730</u>
EXTREMITIES: Pulses Edema Joints			

**PSYCHOLOGICAL INTERVIEW/DATA ENTRY FORM**

Name: Martin Mardon AIS#: 225145 R/S: Bm  
 Date: 12/13/02 Date of Birth: 12/17/70 Age: 31  
 Beta II: 100 WAIS: 1 WRAT-RL: 7.8  
 Last School Grade Completed: 12 Special Education Classes: Yes (No)  
 MMPI Welsh Code: 246/81097:35# Megargee Type: \_\_\_\_\_

**General Appearance**

- ✓ a. Neat and generally appropriate \_\_\_\_\_ c. Flat or avoiding interaction  
 \_\_\_\_\_ b. Poorly groomed \_\_\_\_\_ d. Sad or worried  
 \_\_\_\_\_ e. Other\* \_\_\_\_\_

**I. Interpersonal Functioning**

- ✓ a. Normal-good relationships likely \_\_\_\_\_ d. Lacks skill or confidence  
 \_\_\_\_\_ b. Withdrawn/apparent loner \_\_\_\_\_ e. Probably difficult to get along with  
 \_\_\_\_\_ c. Likely to ignore rights/needs

Other\* (Specify) \_\_\_\_\_ 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
 (See Copy) \_\_\_\_\_

**II. Personality**

- ✓ a. Healthy \_\_\_\_\_ d. Explosive  
 \_\_\_\_\_ b. Antisocial \_\_\_\_\_ e. Dependent  
 \_\_\_\_\_ c. Paranoid \_\_\_\_\_ f. Passive-Aggressive

Other\* (Specify) \_\_\_\_\_ 1. Schizoid \_\_\_\_\_ 4. Narcissistic \_\_\_\_\_ 7. Compulsive  
 \_\_\_\_\_ 2. Schizotypal \_\_\_\_\_ 5. Borderline \_\_\_\_\_ 8. Atypical/mixed  
 \_\_\_\_\_ 3. Histrionic \_\_\_\_\_ 6. Avoidant  
 \_\_\_\_\_ 9. See Copy (Write in your wording) \_\_\_\_\_

**III. Substance Abuse**

- \_\_\_\_\_ a. Alcohol addiction/abuse history \_\_\_\_\_  
 \_\_\_\_\_ b. Drug addiction/abuse history Demon \_\_\_\_\_

RECEIVED  
 12/13/02

PSYCHOLOGICAL INTERVIEW/DATA ENTRY FORM  
Page 2

Name: Martin

III. Substance Abuse (continued)

- c. Current use \_\_\_\_\_
- d. Current addiction \_\_\_\_\_
- Other\* (Specify):        1.        2.        3.        4.        5.        6.        7.        8.

IV. Emotional Status

- a. No significant problems
- b. Depressed \_\_\_\_\_
- c. Anxious or stressful \_\_\_\_\_
- d. Angry or resentful \_\_\_\_\_
- e. Confusion or psychotic symptoms \_\_\_\_\_
- f. Mood disturbances \_\_\_\_\_
- g. Sexual maladjustment \_\_\_\_\_
- h. Paranoid ideation \_\_\_\_\_
- i. Sleep/appetite disorder \_\_\_\_\_

History of sex offenses?

Yes

No

- Other\* (Specify):        1.        2.        3.        4.        5.        6.        7.        8.        9.
- (See Copy) \_\_\_\_\_

Emotional response to incarceration: OK

V. Mental Deficiency

- a. Mild
- b. Moderate
- c. Severe
- d. Borderline
- e. Organic impairment suspected
- f. Memory deficit

Remarks: 1 Q-100

History of cerebral trauma or seizures?

Yes

No

\* See manual for selections and numbers for "other"

## PSYCHOLOGICAL INTERVIEW/DATA ENTRY FORM

Page 3

Name: MartinMental Health History

- a. Outpatient treatment (dates/where) \_\_\_\_\_
- b. Inpatient treatment (dates/where) \_\_\_\_\_
- c. Psychotropic medication (type/effectiveness) \_\_\_\_\_
- d. Family history of mental illness \_\_\_\_\_

VI. Management Problems

- a. Suicide potential Ideation? Yes No Plans? Yes No  
History of attempts/gestures \_\_\_\_\_
- b. Serious mental illness (specify) \_\_\_\_\_
- c. Impulsive /acting out behaviors predicted \_\_\_\_\_
- d. Authority conflict \_\_\_\_\_
- e. Manipulative/untrustworthy \_\_\_\_\_
- f. Easily victimized \_\_\_\_\_
- g. Escape potential \_\_\_\_\_
- h. Assaultiveness \_\_\_\_\_
- History of expressively violent behavior? Yes No

Other\* (Specify) \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9  
(See Copy) \_\_\_\_\_

VII. Educational Needs

- \_\_\_\_\_ a. ABE \_\_\_\_\_ b. Special Education X c. Trade School \_\_\_\_\_ d. Junior College

VIII. Mental Health Needs

- |                                     |                                   |                                   |
|-------------------------------------|-----------------------------------|-----------------------------------|
| _____ A. Refer to psychiatrist      | _____ E. Sexual adjustment        | _____ I. Self-concept enhancement |
| _____ B. Substance abuse counseling | _____ F. Reality therapy          | _____ J. Healthy use of leisure   |
| _____ C. Depression                 | _____ G. Anger-induced acting out | _____ K. Personal development     |
| _____ D. Stress management          | _____ H. Values clarification     |                                   |

RECOMMENDATIONS/REMARKS:

Recommend a job and find  
for Trade School. Also find  
for

MENTAL HEALTH CODE:

SMI

HARM

HIST

NONE

Evaluation Completed by:

W. B. MartinDate: 12/13/02

\* See manual for selections and numbers for "other"

\*\*\*\*\* MMPI-2 ADULT INTERPRETIVE SYSTEM \*\*\*\*\*

developed by

Roger L. Greene, Ph.D.  
Robert C. Brown, Jr., Ph.D.  
and PAR Staff

-- CLIENT INFORMATION --

Client : MARTIN MARLON Age : 31  
Sex : Male Marital Status :  
Education : Date of Birth : 12/17/1970  
File Name : 225145

Prepared for: Kilby Correctional Facility on 12/12/2002

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The interpretive information contained in this report should be viewed as only one source of hypotheses about the individual being evaluated. No decisions should be based solely on the information contained in this report. This material should be integrated with all other sources of information in reaching professional decisions about this individual. This report is confidential and intended for use by qualified professionals only. It should not be released to the individual being evaluated.

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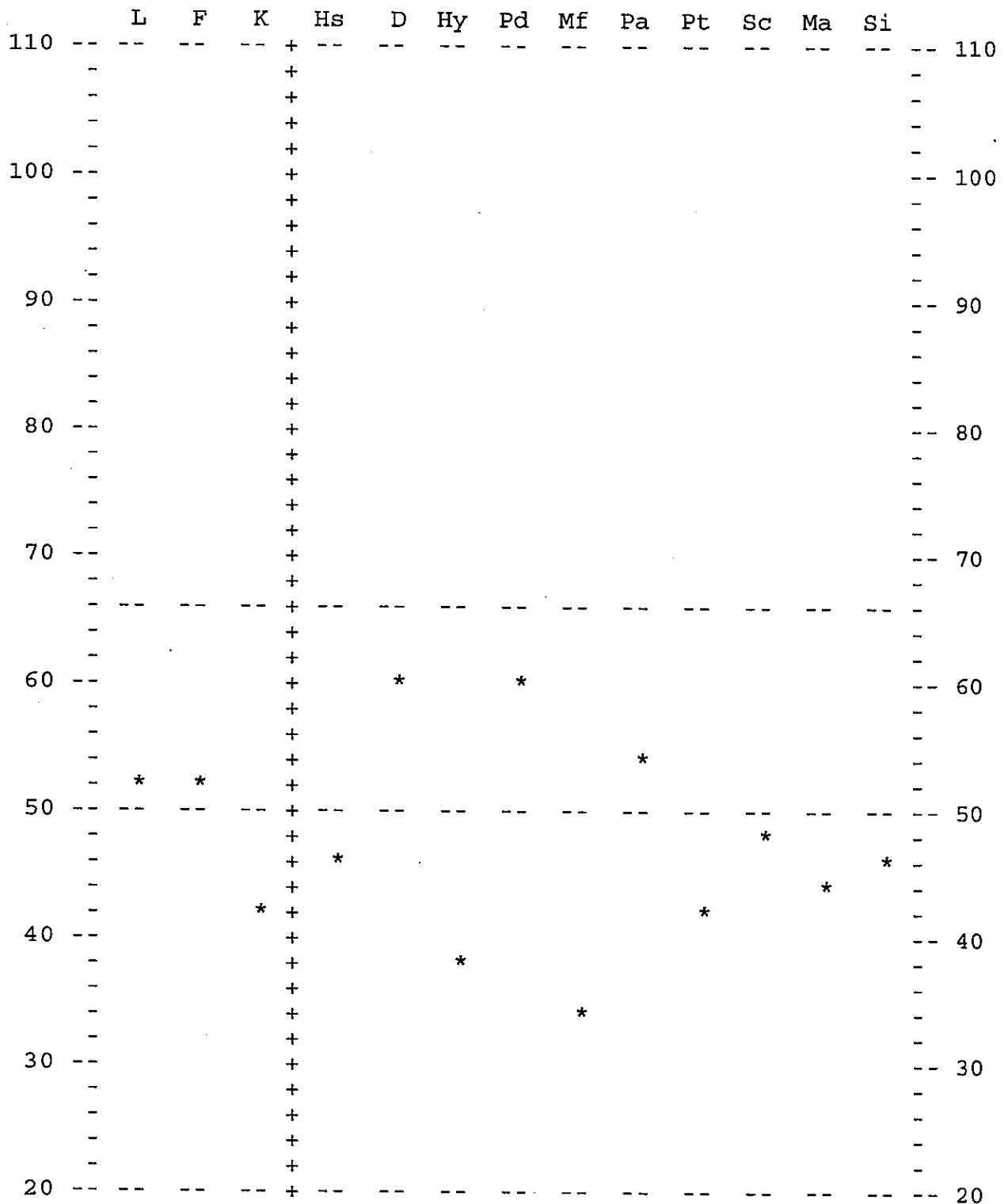
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## MMPI-2 INTERPRETIVE REPORT

PAGE 2

PREPARED FOR: Kilby Correctional Facility

## -- MMPI-2 PROFILE FOR VALIDITY AND CLINICAL SCALES --



				1	2	3	4	5	6	7	8	9	0	
	L	F	K	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si	
T-Score	52	51	41	45	59	37	59	34	53	41	47	43	45	
Unanswered (?) Items = 197														

Welsh Code: 246/81097:35# L/F/K:

MMPI-2 INTERPRETIVE REPORT  
 PREPARED FOR: Kilby Correctional Facility

PAGE 3

## -- PROFILE MATCHES AND SCORES --

Scale	Client Profile	Highest Scale Codetype	Best Fit Codetype
Codetype match:		WNL	None
Coefficient of Fit:		.8	
-----			
Scores:	? (raw)	197	
	L	52	55
	F	51	51
	K	41	46
	Hs (1)	45	47
	D (2)	59	52
	Hy (3)	37	45
	Pd (4)	59	52
	Mf (5)	34	44
	Pa (6)	53	47
	Pt (7)	41	46
	Sc (8)	47	45
	Ma (9)	43	49
	Si (0)	45	49
-----			
Mean Clinical Elevation:	48	48	
Ave age-males:		38	
Ave age-females:		40	
% of male codetypes:		18.6%	
% of female codetypes:		11.5%	
% of males within codetype:		79.0%	
% of females within codetype:		21.0%	

-----

Configural clinical scale interpretation is provided in the report for the following codetype(s):

WNL

-----

MMPI-2 INTERPRETIVE REPORT  
PREPARED FOR: Kilby Correctional Facility

PAGE 4

-- CONFIGURAL VALIDITY SCALE INTERPRETATION --

There is no information available for this configuration of scores for scales L, F, and K. Interpretation for each of the individual validity scales is presented below.

-- VALIDITY SCALES --

? (raw) = 197

This profile is very likely invalid and probably should not be interpreted because the number of unanswered items is greater than 30.

L T = 52

L scores in this range are usually obtained by individuals who generally respond frankly and openly to the test items and are willing to admit to minor faults.

F T = 51

F scores in this range usually indicate that the individual responded to the test items as do most individuals who are relatively free of stress.

K T = 41

Scores in this range indicate limited personal resources and open acknowledgment of significant psychological distress. These individuals are likely to have a relatively poor self-concept, to be strongly dissatisfied with themselves but lacking the skills necessary to change their situation, to be self-critical, and/or to be extremely open and revealing. Scores in this range may also reflect low ego strength, a lack of insight into one's self-motivation and behavior, and ineffectiveness in dealing with the problems of daily life. Prognosis for psychological intervention is usually guarded.

MMPI-2 INTERPRETIVE REPORT  
PREPARED FOR: Kilby Correctional Facility

PAGE 5

-- CONFIGURAL CLINICAL SCALE INTERPRETATION --

WNL Codetype

Clinical Presentation:

This codetype is very common in both men and women. They describe themselves as being happy, healthy, and contented. They see their relationships as satisfying.

In normal settings, there are no other descriptors which apply.

The following descriptions and possible diagnoses should only be considered if the individual is being evaluated in a psychiatric setting with substantial reason to suspect the presence of psychological disorder.

In psychiatric settings, this codetype is found in patients with characterologic or psychotic disorders to which they have become adjusted. They tend to have little insight into their behavior and do not understand why others have concerns about them.

Treatment:

The prognosis is guarded for any type of intervention since the person is experiencing little distress and the symptoms are very characterologic.

Possible Diagnoses:

Axis I - Rule Out Adjustment Disorder  
Rule Out Schizophrenia

Axis II - Rule Out Schizoid Personality Disorder

-- CLINICAL SCALES --

Hs (1) T = 45

Scores in this range are considered to be within normal limits.

MMPI-2 INTERPRETIVE REPORT  
PREPARED FOR: Kilby Correctional Facility

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D (2) T = 59

Scores in this range are typically obtained by individuals who are not satisfied with their current life situation or with themselves. Individuals obtaining scores in this range may not be aware of the degree to which they feel dissatisfied or may have learned to adjust to a long term dissatisfaction.

Hy (3) T = 37

Scores in this range are obtained by individuals who are often described as caustic, cynical, sarcastic, and socially isolated. They often are constricted, socially conforming, and fixed on a narrow range of interests. They may believe that others are too optimistic.

Pd (4) T = 59

Scores in this range are often obtained by individuals who are sincerely concerned about social problems and issues or are responding to situational conflict or crisis. Scores in this range are common among adolescents and may be reflective of their striving for independence.

Mf (5) T = 34

Males obtaining scores within this range usually identify strongly with the traditional masculine role. They may over-emphasize their strength and physical ability.

Pa (6) T = 53

Scores in this range are considered to be within normal limits.

Pt (7) T = 41

Scores in this range are frequently obtained by individuals who are typically described as emotionally stable, free of emotional turmoil, secure, and comfortable with themselves. They are usually independent, relaxed, and self-confident people who may value power and status. Be sure that scores within this range are consistent with the person's reasons for taking the MMPI-2.

Sc (8) T = 47

Scores in this range are considered to be within normal limits.

MMPI-2 INTERPRETIVE REPORT  
PREPARED FOR: Kilby Correctional Facility

PAGE 7

Ma (9) T = 43

Scores in this range suggest a low energy and activity level. This may reflect fatigue or depression, especially if the scores are extremely low. Scores near a T-score of 45 are typical for older individuals. Individuals who obtain scores in this range are often described as lethargic, listless and apathetic. In addition, some individuals scoring in this range are seen as conventional, practical, responsible, and sensitive.

Si (0) T = 45

Scores in this range are considered to be within normal limits.

-- ADDITIONAL SCALES --

No additional scales were selected for interpretation by the user.

END OF REPORT  
\*\*\*\*\*



# Health Services Request Form

Print Name Marlon Martin Date of Request 12-11-07

ID No. 225145 Date of Birth 12-17-70 Housing Location E 76

Nature of problem or request ① My head is in a haze it gets worse when I take a hot shower or when my body heat up and my balance is off. ② I need a knee brace for my right knee I had one in the county jail but I had to get rid of it when I got here.

Marlon Martin

Sign here for consent to be treated by health staff for the condition described above.

Place this slip in Medical Box or designated area  
DO NOT WRITE BELOW THIS LINE

## Health Care Documentation

Subjective

Objective BP \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_

Assessment

Plan

Refer to ☐ PA/Physician ☐ Mental Health ☐ Dental

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Health Services Request Form

**FLORIDA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES  
RECEPTION MENTAL HEALTH SCREENING**

Institution: KAF Date/Time Inmate Received: 12/10/02  
Date/Time of Screening: 12/10/02 - 2:15 Signature /Title of Screener: Phillip Self, MS / Sr. Admin

**MENTAL HEALTH TREATMENT PRIOR TO ENTERING THE ADOC**

- ☐ Yes ☒ No Psychotropic Medication: \_\_\_\_\_  
☐ Yes ☒ No Medication turned over to a DOC upon arrival?  
☐ Yes ☒ No Mental Health follow – up in last 90 days: \_\_\_\_\_  
☐ Yes ☒ No Suicide/self harm attempts in last 90 days: \_\_\_\_\_

**MENTAL HEALTH HISTORY** Does inmate report a history of the following (if yes, provide details):

- ☐ Yes ☒ No Outpatient treatment: \_\_\_\_\_  
☐ Yes ☒ No Inpatient treatment: \_\_\_\_\_  
☐ Yes ☒ No Psychotropic Medication: \_\_\_\_\_  
☐ Yes ☒ No Suicidal Attempts: \_\_\_\_\_  
☐ Yes ☒ No Suicidal Thoughts: \_\_\_\_\_  
☐ Yes ☒ No Head injury: \_\_\_\_\_  
☐ Yes ☒ No Seizures: \_\_\_\_\_  
☐ Yes ☒ No Violent Behavior: \_\_\_\_\_  
☒ Yes ☐ No Substance Abuse: MS, on and off for 2 years  
☐ Yes ☒ No Substance Abuse Treatment: \_\_\_\_\_  
☐ Yes ☒ No Special Education classes: \_\_\_\_\_

**INMATE SELF – REPORT OF CURRENT STATUS**

- ☒ Yes ☐ No First incarceration (reaction): "OK just want to get by this"  
☐ Yes ☒ No Reports family support: \_\_\_\_\_  
☐ Yes ☒ No Reports serious depression/remorse: \_\_\_\_\_  
☐ Yes ☒ No Thinking about suicide: \_\_\_\_\_  
☐ Yes ☒ No Has plan for suicide: \_\_\_\_\_  
☐ Yes ☒ No Possible to implement plan: \_\_\_\_\_  
☐ Yes ☒ No Reports hallucinations: \_\_\_\_\_

**BEHAVIORAL OBSERVATIONS**

- ☐ Poor eye contact ☐ Poor hygiene ☐ Unable to pay attention ☐ Unresponsive  
☐ Disorientated ☐ Overly anxious ☐ Unable to follow directions ☐ Unable to read  
☐ Crying ☐ Memory deficits ☐ Signs of self-mutilation ☐ Afraid  
☐ Illogical speech content ☐ Appears to be hearing voices of seeing things ☐ Paranoid  
☐ Hostile ☐ Other unusual behavior: \_\_\_\_\_

**DISPOSITION PLACEMENT RECOMMENDATION** (Based on reception mental health screening)

- ☐ Routine housing and mental health follow-up ☐ Emergency mental health referral  
☐ Priority mental health follow-up but not emergency ☐ Safe cell recommended  
☐ Current Psychotropic meds verified/interim supply ordered ☐ Parole violator interim assessment referral

Inmate Name:

Martin, Mark

AIS#:

225145

**ALABAMA DEPARTMENT OF CORRECTIONS  
MENTAL HEALTH SERVICES**

**INMATE ORIENTATION TO MENTAL HEALTH SERVICES**

The Alabama Department of Corrections provides the following mental health services:

- Assessment and treatment of mental illness
- Referral to a psychiatrist, if necessary, for medication
- On-going psychiatric treatment
- Group and individual counseling
- Assistance in dealing with stressful problems  
(adjustment to prison, grief and loss, family problems)
- Crisis intervention
- Residential mental health treatment and hospitalization, if necessary

If you wish to speak with mental health staff about routine matters such as scheduling for group or individual counseling, send a Health Services Request form.

In emergency situations or if you have concerns that need to be addressed immediately, contact any correctional officer so that you may receive mental health assistance as soon as possible.

Your participation in mental health services is voluntary except in emergency situations or when you have been provided due process through administrative review.

If you believe the mental health services provided to you are inadequate, you may file an inmate grievance.

Information about the mental health services provided to you is confidential except in the situations when mental health staff believe that you may be:

- Suicidal
- Homicidal
- Presenting a clear danger of injury to self or others
- Presenting a reasonably clear risk of escape or creation of institutional disorder
- Receiving psychotropic medication
- Requiring movement to a special unit or cell for observation and treatment
- Requiring transfer to a psychiatric hospital outside of the prison
- Requiring a new program assignment for mental health reasons

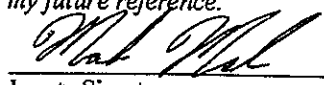
Mental health staff have a legal duty to report to appropriate authorities any unreported suspected abuse or neglect of a child.

Mental health and medical staff will have access to your mental health records when completing their duties. The following persons may have access to your mental health records on a need to know basis:

- Warden of the institution or designee
- Internal investigative staff and legal counsel working with the ALDOC
- Departmental and accrediting audit staff
- Persons authorized by a court order or judgment

All other persons or agencies require an authorization for release of information signed by you before gaining access to your mental health records.

*The information on this form has been explained to me and I have received a copy of this information for my future reference.*

  
Inmate Signature  
Martin Marlon

225145  
AIS Number

12-10-02  
Date Signed

ALDOC Form 450-02



## DEPARTMENT OF CORRECTIONS

## RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

I, Marlon Martin 225145  
 (Print Name) (Doc#)

acknowledge receipt of the following medical equipment or appliance:

- ( ) Splint  
 ( ) Eyeglasses  
 ( ) Dentures  
 ( ) Prothesis  
 ( ) Wheelchair  
 ( ) Cane  
 ( ) Crutches  
 ( ☒ ) Other

describe Knee Splint

describe \_\_\_\_\_

I acknowledge that the equipment/appliance is functional for my use.

I also acknowledge the equipment/appliance is in good working condition.

( Marlon Martin 5/25/14  
 (Inmate) (Date)  
Phillip [Signature] 5/25/06  
 (Witness) (Date)

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
<u>Martin, Marlon</u>	<u>225145</u>	<u>12-17-70</u>	<u>[Signature]</u>	<u>SCC</u>

**SPECIAL NEEDS COMMUNICATION FORM**Date: 5/26/06To: StatonFrom: HCUInmate Name: Martin, Marlon ID#: 225145

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other Double portion diet x 365 days

Comments:

May purchase one pair of state  
issue tennis shoes - 365

Date: 6/26/06 MD Signature: [Signature] Time: \_\_\_\_\_

**SPECIAL NEEDS COMMUNICATION FORM**Date: 4/26/06To: SCCFrom: SHCWInmate Name: Martin, Mark ID#: 225145**The following action is recommended for medical reasons:**

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

**Comments:**

① BBP - 160 days  
starting 4/26/06 until 10/26/06

Date: 4/26/06 MD Signature: [Signature] Time: 7<sup>05</sup> 18

**SPECIAL NEEDS COMMUNICATION FORM**Date: 4/19/06To: STATIONFrom: SHEUInmate Name: MARTIN, MARLON ID#: 225140**The following action is recommended for medical reasons:**

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

**Comments:**

Profile for + CASE x 180 days. —  
No prolonged standing > 10 min x 180 day. —  
\_\_\_\_\_  
\_\_\_\_\_

Date: 4/19/06 MD Signature: R. Seasant / LBL Time: 1030

# Hepatitis B Vaccine Consent Form

## Second Shot

FACILITY NAME: STATON CORRECTIONAL FACILITY

Martin, Marlow  
Inmate Name

225745  
AIS Number

Marlow Martin  
Inmate Signature

12-20-05  
Date

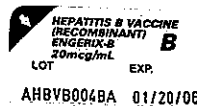
\*\*\*\*\*  
To be filled out by medical personnel

Date Shot Given: 12-20-05

Dose Given: 1ml

Site Given: (4) Deltoid

Administered by: Asutur



Lot Number and Expiration Date: \_\_\_\_\_

# Hepatitis B Vaccine Consent Form

FACILITY NAME: STATON CORRECTIONAL FACILITY

Marlon Martin 225145  
Inmate Name AIS Number

Marlon Martin 11-17-05  
Inmate Signature Date

DB - 12-17-70

\*\*\*\*\*

To be filled out by medical personnel

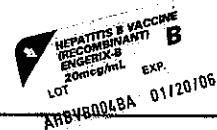
Date Shot Given: 11/22/05

Dose Given: 20mcg

Site Given: Lt. Arm

Administered by: Jane Haynes

Lot Number and Expiration Date: \_\_\_\_\_





## DEPARTMENT OF CORRECTIONS

## RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

I, Marlon Martin  
(Print Name) (Doc#)

acknowledge receipt of the following medical equipment or appliance:

- ( ) Splint  
( ) Eyeglasses  
( ) Dentures  
( ) Prosthesis  
( ) Wheelchair  
( ) Cane  
( ) Crutches

describe \_\_\_\_\_

☒ Other describe Knee Support

I acknowledge that the equipment/appliance is functional for my use.

I also acknowledge the equipment/appliance is in good working condition.

Marlon Martin  
(Inmate)

(Date)

[Signature]  
(Witness)

12-9-05  
(Date)

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
<u>Martin, Marlon</u>	<u>225145</u>	<u>01/17/70</u>	<u>B/M</u>	<u>SCC</u>



## SPECIAL NEEDS COMMUNICATION FORM

Date: 12/7/05

To: Station

From: HCU

Inmate Name: Martin, Marlon ID#: 225145

The following action is recommended for medical reasons:

1. House in \_\_\_\_\_
2. Medical Isolation \_\_\_\_\_
3. Work restrictions \_\_\_\_\_
4. May have extra \_\_\_\_\_ until \_\_\_\_\_
5. Other \_\_\_\_\_

**Comments:**

No prolonged standing over 20min X 100days

May have shoes from home

\_\_\_\_\_

\_\_\_\_\_

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Date: 12/7/05 MD Signature: Lawrence [unclear] Williams Time: 1:25 PM